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PTO/SB/22 (06-04)
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|---|------------|---|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 1177-6 (24149-11) | |
| Application Number 09/684,044 | | Filed October 6, 2000 | |
| For NOZZLE FOR ULTRASOUND WOUND TREATMENT | | | |
| Art Unit 3763 | | Examiner Michael M. Thompson | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$55 | \$ 55.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 | \$210 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950 | \$475 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1480 | \$740 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2010 | \$1005 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2140</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,067</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
|  Signature | | August 23, 2004 Date | |
| George Likourezos Typed or printed name | | (631) 501-5700 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 23, 2004


Adrienne Fagan

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